FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

A98000002869

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 JAN 25 PM 1:43

1. Name of Limited Partnership
FORTUNE HOTELS INVESTOR GROUP, LTD.

1a. DOCUMENT #
A98000002869

Mailing Address
12800 University Drive
Suite 350
Ft. Myers, Fl 33907

Principal Office Address
12800 University Drive
Suite 350
Ft. Myers, Fl 33907

3. Date Formed or Registered: December 23,1998

3a. Date of Last Report:

4. State or Country of Formation: Florida

5a. Capital Contributions as Shown on record: $99.00

5b. Amount of Capital Contributions in FLORIDA: $99.00

2. Mailing Address
5600 Gulf Boulevard
Suite, Apt #, etc
City & State: St. Pete Beach, Florida
Zip: 33706 Country: USA

2a. Principal Office Address
5600 Gulf Boulevard
Suite, Apt #, etc
City & State: St. Pete Beach, Florida
Zip: 33706 Country: USA

6. FEI Number: 59-3548336 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to Dept of State

9. Name and Address of Current Registered Agent
Timothy R. Bogott
12800 University Drive
Suite 350
Ft. Myers, Florida 33907

10. If changed, enter Registered Agent Office
Name: Timothy R. Bogott
Street Address (P.O. Box Number Is Not Acceptable): 5600 Gulf Boulevard
Suite, Apt #, etc
City: St. Pete Beach FL Zip Code: 33706

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

TIMOTHY R. BOGOTT

SIGNATURE (Registered Agent Accepting Appointment) X [signature] DATE Jan. 22, 1999

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
Fortune Hotels Management,LLC	12800 University Dr., Suite 350	Ft. Myers, Fl 33907	L98000003410

BK 1/25/99

C00002753466--2

CR2E003 (8/98)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

Fortune Hotels Management, LLC

SIGNATURE By: X [signature] DATE Jan. 22, 1999

Typed or Printed Name of General Partner Signing Form: Timothy R. Bogott, Managing Member Daytime Telephone Number: (813) 562-1244

A98000002869

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 110624 4329479

AUTHORIZATION : Patricia Pyjak

COST LIMIT : $ 141.25

ORDER DATE : January 25, 1999

ORDER TIME : 11:04 AM

ORDER NO. : 110624-005

CUSTOMER NO: 4329479

CUSTOMER: Barbara A. Egolf, Esq
Baker & Hostetler
200 South Orange Avenue
Suntrust Center Suite 2300
Orlando, FL 32802-0112

99 JAN 25 PM 1:43

DOMESTIC FILINGS

NAME: FORTUNE HOTELS INVESTOR GROUP, LTD.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

EXAMINER'S INITIALS _____